The Canadian Nurse

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A WORD OF COUNSEL

G. STEWART CAMERON, M.D., Chairman, Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association

I have read with much interest an editorial entitled "Seeking new light," which appeared in the December number of *The Canadian Nurse*, and I cannot refrain from saying a word or two about it. The excerpt to which I refer reads as follows:

"A physician who is a friendly but keen critic of nurses and nursing attended an annual meeting of one of our Provincial Associations not long ago. At its close he remarked that while he had heard much of the *organization of nurses* for one purpose or another he had heard little or nothing of the *practice of nursing*. 'They talked about education,' he said, 'and about economic conditions and professional standards, but never said a word about the practice of nursing.' This criticism of our Association meetings (if indeed it be a criticism) has also been made by nurses themselves. They complain that they travel long distances, often at considerable expense, only to listen to reports of committees whose activities do not greatly interest them. Prolonged discussions about the revision of the constitution and by-laws leave them cold; what they would like to do is to talk about nursing. In the best sense of the word they want to talk shop; and there is not usually much time for that on the crowded agenda of nursing organizations."

The physician of this editorial represents a considerable number of doctors whose interest is wholly absorbed in the clinical side of their work. They give little thought to the welfare of the profession in general which, after all, is the welfare of some eight or nine thousand doctors scattered across Canada. Examination of the activities of this large group shows they have made many contacts outside their immediate clientele. Government health services, whether federal, provincial or municipal, are dependent upon the medical and nursing professions for the successful operation of any plan of health activity. In industry of any kind, whether in factory, forest or mine, success depends upon the good health of the operatives, and this in turn depends upon suitable medical and health services. We might continue through all other human activities and show the constant need for medical science in the successful solution of most world problems.

In the short span of fifty or sixty years, we have left behind much of the mystery of a cloistered profession, and have become an indispensable part of our modern civilization. By so doing we have had many problems, not of a scientific or clinical nature, forced upon us. These have to do with the general welfare of our profession. As we are responsible in no small measure for the health of the nation, the nature of our relationship to the State and to other groups becomes increasingly important, because only through harmonious co-operation of all can the best in medical care be assured the citizen. This complexity in our

present-day life will indicate to the average doctor or nurse the necessity for giving adequate attention to the social, educational and economic aspects of their respective professions. It is not suggested that these interests should in any way supersede the clinical and scientific, but rather that they all should be blended so as to make a well-balanced viewpoint, in keeping with present conditions in a rapidly changing world.

My thought in saying this is simply to pass on the experience of my own profession, in our national and provincial associations. There was a time, not so many years ago, when it was difficult to get even a few men to sit down and seriously talk over the problems of the Canadian doctor. Today, after a very searching campaign of education, we find it necessary to keep an efficient organization at work in both the federal and the provincial fields.

I have been brought into rather close association with the nursing situation throughout Canada. I should like, therefore to suggest, that the economic requirements of your profession continue to be emphasized through your *Journal*. In my opinion it is quite right to point out that there are other sources of clinical and academic training available for the nursing profession than its annual provincial and federal meetings. The trend in national medical organizations both in Great Britain and on this continent is to regard the annual meeting, more and more, as a time for a survey of the secular affairs of the medical world. It is a season when the members meet for relaxation and to enjoy good fellowship. This is gently mixed with a not-too-strenuous scientific programme. On the other hand, the serious consideration of scientific and clinical problems is left to smaller groups representative of the various divisions of medicine. The deliberations and findings of the groups are then suitably published and thus become available for quiet study by those interested.

There is much work to be accomplished by your profession, because of the confusion into which it has fallen. Much of this is due to the transitional period through which you are passing. With the splendid leadership you are enjoying much will be achieved in the years just ahead. The future is brightening.

From what I have said, your readers might be justified in concluding that I was presenting a eulogy of my own profession. God forbid! The defects are too apparent for me to become eulogistic. My attitude is simply this: The nursing profession is an auxiliary of the medical profession. Such being the case, we must be sincerely sympathetic and helpful in all reasonable aspirations of the junior profession. In this sense, and in this sense only, do I offer the experience of my own group. To secure to the public the best in medical care should be our constant objective. To accomplish this there must continue to be a broadening sympathy with and an intelligent understanding of the aims of each.

ULTRA VIOLET RADIATION IN ERYSIPELAS

E. M. FORREST, Reg. N., Supervisor, Isolation Unit, The Vancouver General Hospital.

Some four and a half years ago, in the infectious diseases department of the Vancouver General Hospital, the treatment of erysipelas, by ultra violet radiation, sometimes referred to as quartz light, was introduced, replacing almost entirely the former method of various local applications. Since then, about two hundred cases have been treated with almost a hundred per cent efficacy. Only those acquainted with the former methods of treatment with ichthyol, magnesium sulphate, or ergot, can understand what a boon the quartz light treatment is to the patients and the nurses caring for them. The use of serum, with its excessive cost and uncertain therapeutic value, has now been replaced by ultra violet radiation. One has only to conjure up a picture of a patient smeared with ichthyol —the cure being almost worse than the disease—the discomfort of the patient and the devastation of bed linen, or, again, the magnesium sulphate compresses involving the almost impossible task of keeping them moist, instead of dry and stiff, while maintaining the surrounding bedding in a proper condition, to place a proper value upon the present method of treatment.

Quartz light is simple, clean, comfortable, inexpensive and successful, and seldom does a patient return with a secondary attack, as so often occurred previous to its use. The length of stay in hospital is materially reduced, thus lessening expense and releasing much-needed beds. The average hospitalization of the two hundred cases is five days, and this five-day period includes forty-eight hours free from fever, in the convalescent stage.

The treatments are under the direct supervision of the physician in charge of the physiotherapy department, although several members of his staff have been taught to operate the lamp. The dosage —the distance of the lamp from the affected area — is essentially "a doctor's order," the dosage depending to some extent upon the nature of the skin—a dark skin requiring a longer exposure than a fair one, and an Oriental a considerably longer time than the dark-skinned white person. The first treatment is usually two to two and a half minutes for fair skinned persons, while an Oriental would be given from six to eight minutes. During the treatment, the patient must close the eyes, if they are not already closed by the disease should the infected area be on the face. The lids are given less radiation than the rest of the face, usually about one-half, and are protected during the latter half of the treatment by covering them with a paper napkin or absorbent cotton.

The first treatment may be, but seldom is, followed by a rise in temperature — the only constitutional symptom which is produced — while the local reaction will be an increased redness and slight burning sensation, as of sunburn. Often, one treatment will suffice and very rarely are more than two required. In cases where a third exposure is necessary it is usually due to a spread of the disease, thus constituting a new area. Within the twenty-four hours immediately following the initial treatment a definite improvement is usually shown: there is a drop in temperature, and an abatement of local symptoms, characterized by less inflammation, less swelling, less discomfort.

The second treatment, if ordered, is given the second or third day, and then, following two or three days of convalescence and observation, the patient is ready for discharge. During the treatment period there must be no applications of any kind to the affected area, but once the treatments are finished and the skin becomes dry and desquamating, vaseline or cold cream may be used as required for comfort.

A nurse's appraisal of quartz light treatment for erysipelas, may be summed up as follows:

The almost perfect therapeutic value. Comfort to the patient, and indirectly comfort to the nurse in carrying out the procedure.

The low cost—about ten cents per treatment if given on the ward, or fifty cents in the physiotherapy department, where it is given by specially trained personnel.

Shortened hospitalization.

No destruction of bed linen.

In the treatments as given at the Vancouver General Hospital an air-cooled lamp has been used exclusively, and, mounted on a hand cart, it is easily transferred from one patient to another. Contamination does not occur, as no part of the lamp or cord touches the patient, the cord simply being plugged into the wall socket. The care of the lamp consists of keeping the burner clean. This is done each morning by wiping the tube with a swab dampened with alcohol, and allowing the tube to dry before using. Nurses are also impressed with the importance of knowing and correctly reading the polarity, as an incorrect polarity destroys the tube almost instantaneously, and replacement is an expensive item.

It might be of interest in connection with this article to quote the following extracts from our lectures on light—therapy: "Therapeutically, ultra violet rays destroy germs in two ways: (1) by direct exposure of the germs to the ray—this, however, is not the most important method, as many of the germs cannot be directly exposed; (2) by the local tissue reaction, which plays a large part in germ destruction."

NEWS OF THE CAMPAIGN

The general plan of campaign for increased circulation of *The Canadian Nurse*, sponsored by the president and the executive committee of the Canadian Nurses Association, was admirably summarized in the president's article, entitled, "A call to action," which appeared in the November issue of the *Journal*. Since that time the president of each Provincial Association of Registered Nurses has taken active steps to initiate the campaign within their respective borders but, because all the provinces did not get under way at exactly the same time it would not be fair to make invidious comparisons at this stage. We can, therefore, only refer to the splendid work already done in the three Prairie Provinces. At the time of writing this is the record:

Manitoba: a gain of 93 per cent.

Saskatchewan: a gain of 91 per cent.

Alberta: a gain of 40 per cent.

Of course, this was to be expected when one remembers that two of the Prairie Provinces feel that the president of the Canadian Nurses Association belongs in a very special sense to them. Furthermore, anyone who knows the Province of Alberta is aware that she is in the habit of "keeping her light a-shining a little ahead of the next."

Next month we shall have some exciting news about the Province of Ontario — and there are stirrings elsewhere which cannot be revealed just now.

THE EDITOR'S DESK

A Word of Counsel

Our leading article, entitled "A word of counsel," is written by Dr. Stewart Cameron, chairman of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. From 1927 until the present time Dr. Cameron has been closely associated with nursing affairs in this country. He was chairman of the original joint committee under whose auspices the Survey of Nursing Education in Canada was undertaken and it was he who wrote the foreword to Dr. Weir's classic report upon which we now base our projects for the future. Dr. Cameron counsels us to do two things: first, to pay careful attention to the economic principles upon which the practice of nursing is based and, second, to keep in close touch with what the medical profession is thinking and doing along parallel lines. The lesson we must learn is this: the business sessions of our national and provincial associations must be so organized that they permit of free discussion and all who attend them must inform themselves concerning the major issues which are at stake. Especially does this statement apply to official delegates. During the coming months, the *Journal* is planning to publish articles which will be helpful in providing a general background of reliable information. We hope that these will be useful not only to those who attend in person, our national and provincial meetings, but also to those who are present only by proxy.

Readers' Guide

This month we present the first of three articles dealing with the history, organization and development of the Victorian Order of Nurses for Canada. Every one of us feels that the Order sheds lustre on professional nursing in this country and is, in a sense, a national possession. We are indebted to its chief superintendent, Miss Elizabeth Smellie, C.B.E., for allowing Miss Creasy to prepare this series for our readers. △ In the preceding paragraph we said that articles dealing, in a general way, with the major issues to be discussed at the forthcoming Biennial Meeting would appear in the *Journal*. The first of these is Miss Lyda Anderson's masterly address on the community nursing service bureau, delivered at the recent annual meeting of the Association of Registered Nurses of the Province of Quebec. Miss Anderson is no theorist; her knowledge is enriched by actual experience. She has promised a second article in which she will discuss the details of organization. △ Miss E. M. Forrest gives encouraging news concerning the new treatment of erysipelas — a disease in which the nursing care was once both difficult and unsatisfactory. △ In "News of the campaign" we sing the praises of the Prairie Provinces. They have set the others a shining mark to shoot at. △ Under the caption of correspondence, Mrs. F. V. Kennedy takes issue with the philosophy that nurses may claim "the right to live." △ Miss Kathleen Russell gives a clear outline of the progress being made in the most important experiment in nursing education which has ever been made in Canada. △ Miss E. Frances Upton presents evidence of progress in Quebec and, in addition, a vivid picture of what may be accomplished by a competent school visitor. △ Miss Fairley, in her capacity as chairman of the Nightingale Memorial Committee of the Canadian Nurses Association, reminds us of our obligation to fulfil a pledge. △ In "Notes from the National Office" the executive secretary of the Canadian Nurses Association tells of important meetings which are to take place in Vancouver concurrently with the General Meeting.

Correspondence

Life Offered Up?

These days most of us have plenty of time for thinking and when I read the letter entitled "The right to live" in the February issue of the *Journal*, I suddenly got an urge to reply.

That letter to me seems just one more cry of the modern nurse for her individual life and her own interests apart from her profession. As you say in your editorial, it is provocative and its plaint finds an echo in most nurses' hearts today. But here is a question: Most of us, if we are honest with ourselves, admit that the modern nurse,—well trained, well educated, efficient to the last degree, lacks something that nurses trained under Florence Nightingale and by her nurses for many years following, decidedly had — something of wholehearted, selfless devotion to nursing as lifework that inspired respect from all those who came in contact with them, and love from those who came under their care. These women did not take up nursing as a means of livelihood whereby they could do a certain definite number of hours' work and thereby earn the wherewithal to enjoy a "comfortable little home" and an interesting life outside their professional duties. Most of them gave up such a home and life to enter the profession and took up nursing as a self-sacrificing career, to spend themselves in the service of the sick and unfortunate. They wanted really to give themselves to that service. Even today we find that spirit surviving in some of the Sisters in charge in the wards of our great English hospitals and in some of our Canadian matrons and also in the nurses in our outpost nursing areas. But my question remains: have we not lost our way and come to regard nursing too much as a means of livelihood and not as a dedication of oneself to the relief of the sick and suffering? The fact that, even in writing that question, it seems old-fashioned and Victorian is answer enough. Eight-hour duty, Sundays off, normal cultural life, good salaries—they are desirable, I freely admit, but in fighting for these things haven't we lost the deeper meaning of nursing, nursing done as religious sisterhoods did it — to the glory of God and for love of service to our fellowmen? *People today do not respect nurses because they are nurses.* Why?

Archaic and Victorian ideas? Perhaps. Yet in other lines of thought we are coming to admit that our fathers had a few ideas worth while; maybe the old ideal of nursing was one of them. We are trying to raise a great memorial to Florence Nightingale; if we could bring back some of her spirit of self-sacrificing devotion into our modern nursing world might it not be a finer memorial to her than any made of stone and the work of men's hands?

If you think I have let my typewriter run away with me, forgive me. *The Canadian Nurse* does try to help us keep our ideals and make us think, so she must blame herself if she is snowed under with letters. In the meantime, thanks for Miss Hersey's portrait. I recently heard her speak over the radio and enjoyed it very much.

F. V. KENNEDY,
Calgary, Alta.

Marriage — and Nursing

Soon after graduation I deserted the nursing profession for that of matrimony, and in truth my training has been a God-send to me in these twelve years of raising a family. Our own little daughter came into the world too soon and was ordered into an incubator. Perhaps my "infant" training made me overconfident but I chose to take the child home and administer the necessary care; today she is a perfect specimen of childhood, twelve years of age. But I am frequently provoked to wrath when I hear someone say: "What is the advantage in training as a nurse and then getting married?"

With the loosening of home ties during the last few years, my interest in the realm of nursing again quickened — for I missed the associations and the feeling of being a part of a great movement forever forging ahead with new and modern methods, developments, and discoveries. It was just at this time that the Victorian Order of Nurses was instituting a branch in York township, the suburb in which we reside, and which has a population of some seventy-five thousand. I somehow became involved in the organizing of the branch, and subsequently became so inspired by the growth of the work and the dire need for such a service in our municipality that I have been closely associated with the development and expansion of the work since it began some two years ago. Association with members of the National Council and with Miss Smellie in particular has afforded us all great stimulus as well as much personal pleasure and happiness. The Order is indeed a splendid one, which is making an increasingly great contribution to the health-life of our country.

I am a subscriber to *The Canadian Nurse*, and never miss a detail of the interesting and valuable materials it provides for its readers.

EDITH F. NAYLOR, Toronto.

Department of Nursing Education

THE NEW SCHOOL CARRIES ON

KATHLEEN RUSSELL, Director of the School of Nursing of the University of Toronto

Once again, as so often in the past, the broad wings of the Toronto General Hospital are being stretched wide to give shelter to a fledgling effort, and this occasion is one that should be of particular interest to our alumnae association for the reason that it is an effort on behalf of nursing, namely, the new school of nursing of the University of Toronto.

It is common knowledge that our nursing schools, as formal institutions, have had practically all of their growth within the last fifty years, relatively a short length of time. We all know, too, that during the past twenty years the task of trying to make these schools actually such, in fact as well as in name, has presented such acute problems that all concerned — nursing school officials, hospital trustees, pupils of the school and even the hospital patients — all have shown unhappy symptoms of the strain. All have hoped for a path which would lead out of the impasse at which we seem to have arrived: the conflict between hospital needs and school needs. There has been rather general agreement, at least among nurses, that nursing schools will not have reasonable opportunity to do their work until such time as they are placed in a financial position which leaves them independent of the hospital exchequer, and, correspondingly, until such time as the hospital shall provide for its nursing service in the same businesslike fashion in which it provides for all other services. This would be, we believe, not more costly but certainly a more logical arrangement.

Now, through a combination of fortunate circumstances, an opportunity has been given in Toronto to test the possibilities of a small school which has this financial independence. A group of sponsors has made this possible: the University has agreed to give shelter and administrative guidance as well as certain teaching, the Rockefeller Foundation has provided enough financial backing and certain Toronto hospitals have opened their wards for training purposes. With this opportunity, a school for nurses has been formed in which the pupils are only pupils, the teachers are only teachers and the school carries no responsibility beyond its pupils and its curriculum; that is to say, a school that resembles other schools.

The purpose of this school can be stated very briefly: it is to find out what can be done in a nursing school which operates under controlled conditions. The key to the control of the situation lies in the fact that the pupil in this school is paying her way throughout the three years; she pays for her living, her tuition fees and for the cost of uniforms and books. The only exception to this general rule occurs during the period spent at the tuberculosis and the isolation hospitals.

So much for general principles and explanations. Now, probably, our readers will be more interested in hearing certain details and this with some local colour. The school occupies the old University building at Queen's Park, formerly called Queen's Hall. This can be reached by a short path which opens almost directly opposite the main entrance of the General Hospital; in fact, it is nearer the hospital than the old residences that the hospital formerly used at 4 Queen's Park and 66 College Street. This school building at Queen's Park serves for both residential

(With the kind permission of the author and of The Quarterly, published by the Alumnae Association of the School for Nurses of the Toronto General Hospital, the Journal is privileged to re-print this article.)

and school purposes and contains offices, class-room, library, dining room and common rooms, and bedrooms for a limited number.

The school offers courses of study to graduate nurses as well as this new undergraduate training in nursing. Each year graduate nurses, between forty and fifty in number, assemble for study, the total number dividing itself into two groups, the one preparing for public health work, and the other for hospital and nursing-school staff work. These graduate students use the house very freely except for the fact that few can be given bedrooms because of the limited number available. But the dining room, library and common rooms are open to all and are used freely; thus a good deal of social life is shared by all.

The new undergraduate course in nursing is three years in length; to be exact, it is being extended now to thirty-eight months. Only one class is enrolled each year and the yearly enrolment is limited to ten students with a possible eleventh for a safe margin. The class enters late in September and the students must live in residence throughout, with the exception of a few months, when Toronto residents (no others) may live in their own homes. Senior matriculation is the minimum academic requirement and nineteen years is the minimum age requirement. Five hundred dollars per year will probably cover the total cost for each student, of board, tuition, books and uniforms.

The purpose of the school has been stated very broadly above and might be elaborated into the following detail of intent at the present moment:

1. To give a general training in nursing, which will include preparation for both hospital nursing and public health nursing. The successful student will receive, at the end of the undergraduate course of thirty-eight months, a double qualification: she will be eligible for registration as a graduate nurse and this will include qualification for public health work. The two aspects of the preparation, curative and preventive, are interwoven continuously throughout the entire course.

2. To have the students in this school lead the normal life of young students in other professional schools. In other words to have control of living and working conditions so that there is reasonable possibility for their participation in the general affairs of every-day life.

3. To maintain teaching at all times throughout the practical training, even on night duty.

4. To simplify the curriculum by efforts such as the following:

(a) A thorough, though brief, foundation of class-room study, the subject matter being taught only by those who speak with authority.

(b) After this introduction, to give, during all periods, only that teaching which coincides with the practical experience of the period and to emphasize clinical rather than class-room teaching.

(c) To simplify and co-ordinate all the teaching being given at any one time.

In addition to the Toronto General Hospital, four other hospitals have opened their wards to the school; these are the Children's, the Psychiatric and the Isolation of Toronto and the Tuberculosis Hospital at Weston. Training for periods of two or three months is given in all of these, but the students continue to live at their own school throughout the three years except for the two months at Weston and the two months at the Isolation Hospital. The arrangement of hours makes it possible for all in residence, with a few infrequent exceptions, to be free for dinner in the evening. This is the most formal meal of the day and special care is taken to give a quiet, restful type of service. To those who live with this student group, it appears that one of the best things in the day is the gathering that takes place in the common room after dinner. Here, for at least a few moments, students and staff all meet to-

gether for coffee, and the spirit of the school gathers strength.

The organized field of public health as well as those in charge of the health teaching and health services of the University are giving valuable aid to the school. With the facilities that are being opened up so freely to these young students, it is hoped that a strong, well-prepared graduate will be ready to pick up the work which the public health administrator is so anxious to place in her hands.

In conclusion there are four things to emphasize. First, this work is purely experimental: no claim is being asserted beyond the need to find out what can and what should be done; second, that these findings can only have value if the conditions during the experiment are rigidly controlled — and this control is not yet fully established; thirdly, that this school is an answer to an oft-voiced request from the older schools for changed financial conditions; and therefore — fourthly — that success should mean help to Ontario nurses as a whole. The success or failure of this little school, as one school, is a matter of almost no importance; its success or failure as a laboratory for the nurses of Ontario is a matter of concern to all. The connection with the school of the Toronto General Hospital is very close, and many members of our alumnae association are helping at the hospital, as well as in the public health organizations of Toronto and the province, to give full opportunity to this piece of experimental work.

REPORT OF A SCHOOL VISITOR

E. FRANCES UPTON, Reg. N., Executive Secretary-Registrar; Official School Visitor for the Association of Registered Nurses of the Province of Quebec

In my report as official school visitor, presented last year, I was able to record increased co-operation on the part of the hospital administrators in our province with our aims regarding the preparation of students in our schools for their future responsibilities. My report showed that twenty hospitals in the province provided for their patients the services of a staff of registered nurses, the total number thereby employed being 225. This year it gives me pleasure to say that not only has this quality of service in these hospitals been maintained but that the total increase in the registered nurse personnel of the combined list of hospitals including those which have schools of nursing, amounts to 235. In other words, during 1934, there were 1,234 registered nurses employed in our hospitals and in 1935 the number was increased to 1,469, this number including those nurses on duty in private hospitals in Montreal, where thanks to a city by-law demanding that any institution operating for the care of the sick, must supply to its patients, the protection afforded through the services of "at least one registered nurse."

There are thirty-six general hospitals in our province conducting schools for nurses, thirty-one of which exceed the minimum requirements, and are classed as approved schools. We have five hospitals conducting special courses in obstetrics, gynaecology, pediatrics, orthopedics and communicable diseases for affiliated and post-graduate students, while two general hospitals also provide

experience in pediatrics to the same two groups of students. The total number of approved schools, including general and special, is therefore thirty-six.

Public Health Affiliations

It is encouraging to note that the affiliations arranged during the past two years with various public health organizations have, in every instance, been maintained and opportunities for this most valuable type of experience is on the increase. The number of our schools demonstrating an interest in the project is most gratifying and the co-operation being extended by the health organizations keenly appreciated.

School Visits

Thirty official visits were made during the year to twenty-eight schools in the province, one of which was visited twice, and to the King Edward VII Memorial Hospital in Bermuda, the students from which school spend fifteen months in affiliation with Montreal hospitals. It has been a keen disappointment to me not to have been able to visit all our schools during the year, ever-increasing duties requiring my presence in the office having prevented me from so doing.

On December 31, 1935, my sixth year as official school visitor was completed, and it is with no small amount of pride that I feel I am now sufficiently familiar with our schools to be justified in recording the following:

In an effort to comply with the present day requirements in nursing education and to assist in alleviating the unemployment situation among our nurses, the following hospitals closed their schools:

Verdun Protestant Hospital, in 1930.
All students withdrawn from the Western Division of the Montreal General Hospital in 1932.
Children's Memorial Hospital, in 1933.
Hôpital Normand & Cross, Three Rivers, in 1934.
Lachine General Hospital, in 1934.
Hôpital St. Michel, Buckingham, in 1935.

Teaching equipment in all our schools now includes excellent class-rooms, well equipped demonstration rooms, libraries that are steadily developing, and where proper science and dietetic laboratories are not available, temporary substitutes are found.

Every school now provides at least one full-time instructor, the numbers increasing with the size of the student group.

Staff education both within the hospitals and without, has become a reality, and the number of supervisors of departments and wards who endeavour to improve their qualifications for service is increasing yearly. It is true that we occasionally encounter some one among us who objects to furthering her education on the ground that nursing salaries of to-day are not commensurate with the preparation which the profession is exacting of its members, but even these conscientious objectors are occasionally convinced that it pays to be better equipped.

Where modern residences are not provided, we find a greater interest being demonstrated in the housing of students, and a great deal has been and is being done, to make them more comfortable and happy. The general health and well-being of students in all schools are being given more attention, and we now find well-kept records of annual physical examinations, X-ray of chests and all the other modern methods of ascertaining the true physical and mental condition of these young people.

Many of our schools have definitely set matriculation standard of admission, while during the past two years the minimum educational requirement in the others has been "three years high school".

With regard to the curriculum, much can be said in favour of those schools which have the advantages accruing through close contact with our universities, Quebec City and Montreal being specially fortunate. Our schools are all looking forward with anticipation, however, to the next biennial meeting of our National Association, when the proposed curriculum for Canadian schools will be presented.

In closing may I be forgiven if, after showing how well we are getting along, I point out some of our weaknesses, and in this I trust I will not be misunderstood for my remarks can be applied in a general way and have no specific references.

We are not, as a group, paying sufficient attention to the recommendations contained in the Survey Report. If we really are interested in improving nursing service we must improve the type of preparation being given to our students, and the Survey points the way.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

We still find too many square pegs in round holes; greater care in the selection of nursing personnel is essential.

We fail in our duty when we neglect to see to it that every student receives a modern course in pediatrics, which includes knowledge of and experience with the normal well child.

Our course in dietetics still continues to be the weakest point in our curriculum.

It is regrettable that so many of our nurses are permitted to graduate without having completed the special courses in communicable diseases which are available for them.

Finally, may I give you a quotation from the splendid address recently given to an open meeting of the private duty section of the Registered Nurses of Ontario by Dr. John R. Parry, which appears in *The Canadian Nurse*, under the caption "How you may best serve today": "As to the future, your aim must be to continually raise the standards of the profession, so as to be always in advance of a constantly rising level of general education." We would do well to keep this advice before us and to realize all that it implies for we have entered upon a new age.

Comparative Statistics

	1933	1934	1935
Number of students in approved schools	1765	1614	1563
Number registered nurses in all hospitals, including schools	907	1234	1469
Estimated number of nurses graduating from approved schools during 1936 is			478
A decrease is therefore shown in enrolment of students and an increase in the number of graduates employed in hospitals.			
Number of approved schools of the province providing special courses to their students through affiliation with organized special hospitals			28
Number of students from Quebec schools who completed affiliated courses in 1935			350
Number of schools outside Province of Quebec affiliated for our special courses			12
Number of students from these schools who completed these courses in 1935			70
Number of post-graduate students who completed courses in Quebec hospitals in 1935			120

WHAT ONE ASSOCIATION HAS DONE

For several years the Alumnae Association of the School of Nursing of the Hamilton General Hospital has lent its loyal and unwavering support to *The Canadian Nurse*. Even during the depths of the depression its members, one and all, subscribed for the *Journal* when they paid their annual dues. They paid the full price too, and asked for no special consideration.

A few days ago, their check came in a little ahead of time. With it came, as usual, a clearly legible list of names and addresses, written in longhand by a busy nurse, Miss Gladys Coulthart, who, like her predecessors in office, spares neither time nor trouble but makes a thorough job of it.

Nothing is ever said by the officers and members of the association about the ungrudging effort and real sacrifice which makes this contribution possible, but we want to say here that we both understand and appreciate it. *The Canadian Nurse* offers to the association its sincere and grateful thanks to all who through the years have lent a hand.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association

In the November issue of the *News Bulletin* published by the International Council of Nurses, the objects of the Foundation are given thus: "to establish and maintain a permanent international memorial to Florence Nightingale in the form of an endowed trust for post-graduate nursing education." Canadian nurses, along with members of the profession from the other countries of the world, are now building such a foundation, but unfortunately it has been rather uphill work. So far, only one-third of this year's quota has been received. A letter has gone out to the provincial conveners urging that each province will make a similar donation to that of 1935; if this is done, then our obligation for this year will be met. It is sincerely hoped that by the time the Canadian Nurses Association meets in Vancouver in June, the president will be able to announce, with pride, that $2,500.00, the amount required for both scholarship and endowment fund, has been subscribed for the year 1936.

Additional Contributions

Additional contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia	
Overseas Nurses Club, Victoria	$ 3.00
A.A., Royal Jubilee Hospital, Victoria	10.00
A.A., Vancouver General Hospital, Vancouver	50.00
Women's Auxiliary, Creston Hospital, Creston	5.00
Graduate Nurses Association, Victoria	12.80
Nova Scotia	
Valley Branch, Registered Nurses Association of Nova Scotia	5.00
Ontario	
A.A., School of Nursing, University of Toronto	10.00
Prince Edward Island	
Registered Nurses Association of Prince Edward Island	50.00
Quebec	
L'Association des Gardes-Malades Graduées de l'Hôpital Notre Dame, Montréal	5.00

ANNUAL MEETING OF THE A.R.N.P.Q.

The annual meeting of the Association of Registered Nurses of the Province of Quebec, held on January 29 and 30, proved to be a most interesting occasion. There was an excellent attendance and a programme of outstanding merit. Two distinguished visitors, Miss E. MacP. Dickson of Toronto, and Miss Lyda Anderson of Detroit, both made a most valuable contribution, and in this and succeeding issues of the *Journal* we hope to publish their addresses in full. Miss Marjorie Jenkins presented a brief but challenging paper on nursing education in a changing world and Dr. Gerard Michaud read an excellent address (prepared by Dr. J. A. Couillard, medical director of Lake Edward Sanatorium) on tuberculosis, especially in its relation to nurses and nursing. A delightful break in the formal programme was the address on education and leisure, given in her own inimitable manner by Miss Catherine MacKenzie.

Under the auspices of the Eastern Canada district of the American association of medical social workers, a most interesting symposium was offered on the principles and practice of medical social work. This included a dramatic sketch entitled "What medical social work meant to the Brown family," which gave a vivid picture of the value of co-ordinating the efforts of physician, nurse and social worker.

In her presidential address, Miss Caroline Barrett outlined the work of the association and indicated some objectives toward which effort should be directed. Miss E. Frances Upton, secretary-registrar of the association, presented a report which showed an increase in membership and other encouraging features. In her dual capacity as official school visitor, Miss Upton gave an account of her activities which proved to be such a clear picture of the benefits to be obtained by competent inspection that it is published in this issue in full.

Most of the sessions held in the daytime were bi-lingual, those in the evening being devoted to addresses by English and French speakers respectively.

Department of Public Health Nursing

THE VICTORIAN ORDER OF NURSES

BEATRICE CREASY, Junior Assistant Superintendent, The Victorian Order of Nurses

The origin and growth of the Victorian Order of Nurses for Canada is interwoven in the history of the development of the country. At the time of its inception, the need for an organized nursing service was acutely felt, and in this and the succeeding articles I will attempt to show the part played by the Order in the development of nursing service in Canada.

At the annual meeting, in 1897, of the National Council of Women the Countess of Aberdeen, wife of the Governor-General of Canada of that time, presided. Two resolutions were read at this meeting, one from the president of the local council in Vancouver asking that nurses be supplied to the outlying districts in the far West and one from the president of the Halifax local council asking that the national council take steps to inaugurate a national nursing service in commemoration of the Diamond Jubilee of Queen Victoria. A provisional committee was appointed to study the matter and, as a result, the Victorian Order of Nurses for Canada was created.

Many historic figures took part in the initial meetings, among them Sir Wilfrid Laurier, Lord Strathcona, Archdeacon Phair of Rupert's Land, Mr. A. E. Forget, commissioner of Indian affairs at Regina, and "Little Bear," an Indian chief. It is largely due to the ability and zeal of Lady Aberdeen, who became the first president of the Order, that in spite of many difficulties and considerable opposition, success attended the venture. Since that time each succeeding Governor-General has extended his patronage.

With tireless energy, Lady Aberdeen toured the country, organizing. She also secured the services of Dr. Worcester, superintendent of the district nurses training institute at Waltham, Massachusetts, who was a competent and convincing speaker. He addressed large audiences in Ottawa, Toronto and Montreal. On his advice, Miss Charlotte MacLeod of the Waltham Training School became the first chief superintendent.

In a letter dated May 5, 1898, from Florence Nightingale to Lady Aberdeen, Miss Nightingale says: "I do rejoice at the success which has attended your efforts to initiate the plan of establishing trained district nurses in Canada." In December, 1897, a Royal Charter was granted which defined the objects of the Order as follows:

To supply nurses thoroughly trained in hospital and district nursing and subject to one central authority for the nursing of the sick who are otherwise unable to obtain trained nursing in their homes, both in town and country.

To bring local associations for supplying district nurses into association by affiliation with the Order and to give grants or other assistance to such associations.

To maintain, as a first necessity, a high standard of efficiency for all district nursing.

To assist in providing small cottage hospitals or homes.

It is the purpose of voluntary agencies to pioneer and demonstrate the value of certain projects. The Victorian Order, by reason of the elasticity of its organization and the broad philanthropic principles upon which it is founded, has been able to adapt its programme to changing needs and ideals, as will be seen by the variegated pattern of its activities since 1897. As stated in the Charter, it is "a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as the fundamental principle,

LADY ABERDEEN

and developing from it, all forms of education and advisory administrative work that tend to prevent disease and raise the standard of health in the community."

Among the first districts to organize and demonstrate the value of the work were those in Ottawa, Montreal, Toronto, Halifax, Vancouver and Kingston. Although it is now considered inadvisable, it was at that time considered necessary for the nurses to live in "homes." But even then the need for special training in visiting nursing was recognized, and in 1898 candidates were given a six-months' course at the training centres in Montreal, Toronto, Ottawa and Halifax. The public health courses in our universities have since obviated the necessity for this training, though nurses are still, on occasion, given the benefit of periods of supervised experience in the larger centres, notably Montreal.

Continuous staff education is now employed as a means of maintaining high standards. During that earlier period, when there was an insufficiency of trained workers, the Order gave scholarships permitting enrolment in the public health courses given in Universities. These were open to graduate nurses in good standing in return for which each promised to work for the Order for a period of one year. When these scholarships were no longer necessary the policy was changed to that of assisting staff nurses to take further special training.

At the time the Order was founded, there was a crying need for hospitalization facilities throughout Canada and especially in the sparsely settled areas in the northwest, where a visiting service was impracticable. The Countess of Minto directed her energies toward raising funds to answer this need and from 1898 on, some forty-four cottage hospitals were established. The reports of the work done, notably those of the nurse who assisted Dr. Grenfell in the hospital established at Harrington Harbor, Labrador, read like adventure tales. In time these hospitals were taken over by the local authorities and this phase of the work was discontinued.

Following this period, under Lady Grey's régime, more stress was placed on visiting nursing in country districts. The first service of this kind was organized in the area around Lundbreck, Alberta, where the nurse covered great distances on horseback or by sleigh. With the coming of the official public health nursing organizations and municipal hospitals the Victorian Order withdrew to the larger centres.

The Victorian Order has always tried to meet emergencies. This fact has been exemplified by its response in time of disaster or epidemic. In 1898, four nurses endured the hardships of the trail to the Klondyke, arriving there in the midst of an outbreak of typhoid and remaining for three years. On that fateful day, in December, 1917, when a munition ship blew up in Halifax harbour causing 1,800 deaths and countless casualties, twelve nurses were immediately despatched to Halifax and allotted districts by the military authorities who had assumed control of all available medical and nursing service. In the first year of the Great War,

fifty-two nurses enlisted, and others followed and, for a time, it was difficult to carry on for lack of personnel and funds.

Following the war the Order participated in the modern public health movement, the spirit of which was embodied in a supplementary Charter, issued in 1929, which re-stated the objects of the Order in the following terms:

To establish and maintain visiting nursing services in Canada.

To engage and direct the activities of nurses to undertake the care of the sick in their homes, to demonstrate nursing methods and to aid in the prevention of disease and the maintenance of health.

To assist in training nurses in public health nursing.

To assist in establishing and maintaining the highest possible standard of efficiency in all nursing services.

True to its fine tradition of service the Order has carried on during the years of post-war depression. With greater possibilities for service opening out everywhere, progress is somewhat retarded because of lack of funds and consequent inadequate staff. The service is now available to one-third of the people of Canada but there are still many people who need nursing care and do not receive it . The ultimate purpose of the organization will not be fulfilled until its service is available to every man, woman and child in our broad Dominion.

(To be continued)

NURSES OF THE VICTORIAN ORDER ASSIGNED, IN 1898, TO DUTY IN THE KLONDYKE.

Department of Private Duty Nursing

THE COMMUNITY NURSING BUREAU

LYDA W. ANDERSON, R.N., Director of the Community Nursing Service Bureau of Detroit; Executive Secretary, Detroit District, Michigan, State Nurses Association

This address on the functions of a community nursing service bureau is presented to you as a résumé of our endeavours to establish this central agency in Detroit. We are still watching its evolution, but we hope "the consummation so devoutly to be wished" is not too far in the future. I am sure that I am not bringing to you anything that is new, but your problems and ours have much in common, and it is always of interest and value to talk over, together, the perplexing questions implicated in any change. This time the change is a bit revolutionary in that we are attempting to create, rather suddenly, out of an old and fixed system, belonging to the "horse and buggy age", something which will more adequately conform to present day nursing needs. The phrase: "horse and buggy age," recently coined by President Roosevelt, is likely not as applicable in this country as in the States, where we are so addicted to automobiles. We say in Detroit that the only thing which, to-day, will frighten a horse is to see another horse.

I am sure you find, as we do, baffling situations in bringing about this reorganization of your nurses registries, and the fact that you are introducing this subject into your discussions at this meeting would indicate that you too have found that it needs your immediate attention. To-day it takes precedence in the American Nurses Association over all other tasks, because in this institution of the community nursing bureau, lies the salvation of about sixty per cent of our members who are necessary workers in the community, as well as the removal of some of the rather stubborn handicaps to progress encountered by the profession as a whole.

First Steps

Our three national organizations (the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing) have this year combined in the appointment of a committee, known as the national committee on community nursing service. Its personnel is made up of nurses representing the several nursing groups, the laity, the medical profession, and others interested. A full-time secretary has been appointed who gives her individual attention to its work and the committee has adopted the following objectives:

To assist communities, upon their request, through consultation and advice, in meeting the need for a planned, related and more complete nursing service.

To stimulate like interest and action in other communities.

The committee, in analyzing community nursing problems, asks:

How much nursing care is needed for different types of situations?

What are the present facilities?

What are the gaps and duplications as shown by the above?

It also believes that meeting community nursing needs involve:

Reducing the number of agencies which distribute nursing services to as few agencies as possible, and *providing one co-ordinating agency through which all types of needed nursing service may be obtained.*

Establishing an understanding relationship and division of responsibility between the various nursing facilities.

Making a concerted effort to fill in gaps and eliminate duplication.

Establishing, in every community, some type of machinery for supplying nursing service.

We hope that a fund will be created

(An address delivered at the Annual Meeting of the Association of Registered Nurses of the Province of Quebec, January 29, 1936.)

to make it possible to carry on experiments on the basis of the conclusions reached from studies already made. Such experiments would probably include in their scope such activities as the following:

Making plans for a central agency, from which all nursing services may be distributed.

Investigating the possibility of economic security for private duty nurses by finding out whether it is possible to bring about an arrangement whereby they may be employed on a salary basis.

Studying a better distribution of nursing services so that adequate, scientific nursing service may be given to all the people—rich and poor—at a cost which can be reasonably met by them in their respective stations in life.

Our re-organization plan for the registries and the establishment of community nursing bureaux on a permanently satisfactory basis will depend largely upon the result of this committee's findings.

Underlying Causes

In analyzing the problem, it may be well to review briefly the conditions which have created a need for this re-organization. It is strange that we have delayed correcting that which we were told long ago was "rotten and ripe for reform." Probably it was because it concerned an unorganized, encapsulated group — a group of ardent (in many instances we might say stubborn) individualists, who are only now beginning to see that they are in danger. The freedom of registering for work or not, as the spirit moved them, which lured many of them into this field, has proven to be an expensive privilege. We believe that until they themselves can see the need for reform there is little that can be done. The inner urge on the part of the worker herself has been lacking. I am here talking about my own group, since I have been longer attached to private duty nursing than to public health nursing or to institutional work.

There may be reasons for our delay, as a profession, to correct the evils inherent in the present system, but these can no longer vindicate us. A story, in Mary Beard's recent article is so applicable that I am going to borrow it from her. It runs something like this:

A police officer saw a man stooping over the gutter at 54th Street and Park Avenue one evening. "Brother," he said, "What are you looking for?" The man straightened up: he had evidently had a little too much to drink. "I am looking for my watch," he said. "Well," said the officer, "you don't seem to be having much success. Where did you lose it?" "I lost it," said the other, "at 31st Street and Fifth Avenue." "Then why are you looking for it at 54th Street and Park Avenue?" said the officer. "*Better light here,*" said the man.

I am wondering if we have not approached the problem of the private duty nurse in this same "long distance" way: the problem in one place, and the measures necessary to meet the problem — the light — quite dissociated from it.

The private duty nurse, by her own admission, is an "ardent individualist" but she has less independence and is more seriously affected by a changing world than any other group of workers. She feels that her destiny is in the hands of the individual patient with his whims and fancies and that she is at the mercy of the physician, and of the exigencies of the particular hospital to which she has been assigned. One of our registrants recently said to me: "I am a veritable chameleon, required to take on the colour of every new situation and every new case." True, they are required to adjust themselves, not only to one organization but to all the vagaries of the daily life of the individualistic worker. An absolute lack of cohesion in a group at a time when all workers are organized if they expect to live and enjoy their labours with a reasonable sense of security! When this nurse said she felt like a chameleon, I wondered if her fate would not be that of the chameleon who, when placed on a Scotch plaid, "just bust." An unorganized group of workers has just as much chance of survival today as that unfortunate chameleon.

The Background

It may be helpful at this point to outline the development of registries. The first registry was established in the United States in 1877, in New York. The mayor of New York, in an address given at the commencement exercises of one of the few schools of nursing of that day, suggested that an agency be established "in order that the nurse could be easily found by the public." Please note that such was the sole purpose of the early registries. At this time nursing education and nursing conditions were relatively simple. The young woman who entered a school of nursing entered with the idea of preparing herself for bedside nursing. A few who showed particular ability were later assigned to positions as superintendents of nurses or superintendents of hospitals, but nursing meant bedside nursing and was confined to curative measures only.

As the number of schools and graduates increased, the number of registries also increased. These were, as a rule, established in the hospitals. Later still, in the larger communities, where there were several hospitals and the value of centralization was recognized, these several independent registries organized into a central registry, independent of the hospital management, where graduates of all schools could register and be secured for service. This combination was brought about in Detroit in 1908. At that time the private duty nurse worked a twenty-four-hour day and was paid by the week, at an average of $21.00. Some conditions in connection with private duty nursing we now look upon with horror: the special nurse was given a cot to sleep on in the patient's room and could be found, in negligée, in the public hospital corridors while preparing medicine and other services for her patient. She was left to get her meals and secure her rest and recreation in any way possible, depending upon the patient.

Recent Trends

Then came the consideration of a shorter working day for all workers. To be sure, the discussion did not include the professional worker, and we have always recoiled from any lay control of that which involved professional standards. We say now as we said then:

> An arbitrary limitation of hours, controlled by law, violates the whole spirit of nursing, as the comfort of the patient is the nurse's first consideration. Again, no nurse could be expected to hold to a specific hour schedule when engaged in emergency or disaster relief. However, an attempt should be made to approach reasonable working conditions by encouraging, where possible, in the interest of the patient as well as the nurse, an eight-hour day for those employed on a daily basis, and a forty-eight-hour week for those employed on a weekly or monthly schedule. It is undoubtedly desirable to shorten the hours of duty so that the individual nurse may have a reasonable working day and also that there may be a spreading of work.

We did not, however, remain unaffected by the vehement arguments favouring the shorter working day. The care of the health of workers for efficiency — purely a business proposition — was being broadcast throughout the length and breadth of the land. The twenty-four-hour day was soon changed to a twelve-hour day for special nurses, quite generally, in the large centres of the United States.

Although we still believe that we were right and that we could no longer conscientiously support a twenty-four-hour day for a worker who had to give so much of her physical, mental, and emotional energy, we know now that this change almost proved to be our Waterloo. The patient was paying twice as much as he had paid before and felt that the service was less to his satisfaction. The nurse, instead of being looked upon as a ministering angel, was seen as one who would "sell her birthright for a mess of pottage" and was "taking all the traffic could bear." Some physicians said to us: "It would seem there is but one thought

in the minds of most nurses when called upon to take care of the sick and that is the commercial side of the question." Groups were organized and threatened all sorts of things. Then, in 1926, Miss Janet Geister made a study, entitled, "Hearsay and facts in private duty nursing." She found that the tendency was to attack the nurse and not the problem; that the system of distributing nursing service was unorganized, unsupervised, outgrown; that actual figures proved that although the average private duty nurse was charging $5.00 to $7.00 a day her actual income was about even with that of charwomen and other unskilled labour—the nurse's average income per hour was forty-nine cents and that of the unskilled labour, fifty cents.

Toward Action

Following closely upon this report, a field secretary from the American Nursing Association spent two years visiting most of the registries in the country and presented the following account of her findings. Coincident with this piece of work there was formed a Committee on the Grading of Nursing Schools, with that excellent statistician, Dr. May Ayres Burgess, in charge. As her first project she made an analysis of supply and demand and her study exposed the same conditions and offered the same conclusions:

> That there is an over-supply of poorly selected graduate nurses. That a large number of private duty nurses are unemployed and that many patients are not receiving nursing care because the type of service which they need is not made available in the form which they can use it.

Centralization of nursing resources under central registries of associations, organized to distribute economically various grades of nursing service was recommended by both groups. These investigations placed in the limelight the private duty nurse and the agency from which her services were obtained. Dr. Burgess was emphatic that every worker has a right to reasonable hours, adequate income, constructive leadership and opportunity for growth. She said that the time would come when:

> We shall see private duty nurses, joined together in centrally organized groups, under intelligent and friendly leadership. The calls for private duty will be received by the central organizations, and the assignments of work will be given out according to the strength and capacity of the members. All nurses will be on annual salaries. They will be carefully selected for their jobs on the basis of whether or not they are competent to take adequate bedside care of sick patients. They will work eight hours at a stretch.
>
> The headquarters office will be open day and night, year in and year out. Hard jobs and easy, long and short, day and night, city and country, will be equitably distributed among the members of the staff, so that each nurse will carry her fair share, and no patient will be sacrificed. Nurses and jobs will be fitted together so that except for special emergencies, each nurse will be sent out on the job she can best do, and the inexperienced nurse, or the less skilful nurse, will get the simpler jobs, while the specially experienced or most skilful nurse will have the satisfaction of being called upon for those jobs which demand the highest degrees of nursing ability.

In 1926, this seemed fantastic but today I maintain that nothing less will give the service which the public has a right to expect from us. This is the kind of an agency the public wants and will be willing to support.

Organizing a Bureau

With the prospect of transforming the official registry into a community nursing bureau, many questions at once arose:

What should we name as the functions of this bureau?

What should it be called?

How should it be controlled?

How should it be financed?

How could the needs of the registrants best be met?

What were the types and amount of nursing service needed in the community? Certainly the professional nurse for continuous bedside nursing does not meet *every* need.

What should be the fee for the service?

What should be the standards of eligibility of the registrant for service with the community nursing bureau?

Preliminary study indicated that the aim of any placement bureau, established for the purpose of meeting the community's every need for nursing service, should undertake study and research in order to bring about a more equable distribution of nursing service. It should seek to discover, by study and research, any unmet nursing needs and, above all, should maintain a high standard of service. Naturally, a change of name was indicated and a new plan of organization, adequate records, policies and methods had to be defined. The varied interests concerned in this community service — the nurse, the physician, the patient — implied representation on the advisory board which governs it. Under the caption of policies and methods would be included the standards of eligibility of the registrant, the terms of agreement between the registrant and the nursing bureau, and the programme for the professional development and growth of the registrants in the various services.

The idea that any graduate nurse can successfully do bedside nursing while all other nurses must be carefully selected for a particular field, such as public health and institutional work, is quite erroneous. The evaluation of the personality and temperamental equipment of the nurse is of peculiar importance when the nurse is selected for private duty. Is it too much to ask that schools of nursing should know for what field they are graduating every individual nurse? In order that this may be accomplished, vocational service to the student should be stressed more. We ask in our credentials, "Do you recommend her for private duty nursing?" and we want to know whether the superintendent of nurses feels that she is specially equipped for this field. If we demand that the registrant for private duty nursing meet higher standards, will our superintendents concern themselves more in giving us good people for the private duty nursing field?

The report of our Grading Committee was most disheartening when it was shown that a large number of nurses entered the private duty nursing field because they could not meet the requirements in other fields of nursing. This meant that we were carrying a large number of unsuccessful, poorly equipped workers on our registries. In analyzing the grading of our registrants and comparing them with nurses in other specialties, I am apt to conclude that any graduate nurse, with special training, can make a good public health nurse or a good institutional nurse, but that only God can make a private duty nurse.

You probably have anticipated the problem of what to do with the large number of ineligibles when you raise the standards of eligibility for nurses in the private duty nursing field. I have no solution to offer, but if the private duty nurse is to be better selected, is to be supervised, and employed on a salary basis, there is going to be a large number of left-overs which will still remain the responsibility of the nursing profession.

Growth in Service

In attempting to provide for growth, the inherent weakness of the present methods which govern our registrants became evident. The importance of this task, which the bureau must assume for its registrants, is undebatable. What worker in any profession can remain stagnant, as regards continuing study, without soon being found on the shelf and unwanted. We have accordingly arranged for regular and frequent meetings of registrants for consultation and advice. Yearly institutes and a lecture schedule have been offered and we have invited the participation of the registrants themselves in preparing these programmes and these meetings. The result so far has been that the attendance at the institutes and meetings has, in the majority, been made up of public health and institutional nurses, with not even

one-tenth of one per cent of our registrants found interested. This indifference to study is not an evil peculiar to the private duty nurse. If coming to weekly conferences were voluntary with a group of nurses belonging to a hospital nursing staff or a public health nursing staff, I am quite sure the results would be the same.

Organize!

Until the private duty group becomes a cohesive organization, with the same privileges other nursing groups enjoy, we shall not be able to carry out this programme for facilities for growth. I, personally, believe that none of the worthwhile reforms we are talking about can be effected without a cohesive organization. Yet we believe that we are on the right path and that the goal to be reached must bring about the economic security of the private duty nurse and provide "adequate, scientific nursing service to all the people—rich and poor—at a cost which can be reasonably met by them in their respective stations in life."

(*To be continued*)

IN HONOUR OF MISS ROWAN

On January 17, 1936, nearly three hundred graduates and student nurses associated with Grace Hospital, Toronto, attended a reception given under the auspices of the alumnae association of the Grace Division of the Toronto Western Hospital. This happy occasion took the form of a reunion in honour of Miss Georgie L. Rowan, who is celebrating her twenty-fifth anniversary as superintendent of the Grace Hospital and who will leave shortly to take charge of the new wing at the Toronto Western Hospital. Receiving with Miss Rowan were Mrs. C. J. Currie, honorary president of the association, and Miss A. O. Bell, its president. Miss C. De Vellin, the first nurse to graduate from the Grace Hospital School of Nursing, read an address to Miss Rowan, after which Miss D. J. Roy, the latest graduate, presented her with a beautiful diamond wrist watch on behalf of the association. A life membership, and a diamond and ruby membership pin were presented by Miss Florence H. M. Emory. Miss E. Rehder read an address from the student nurses and Miss K. Andrews presented Miss Rowan with a silver compôte on their behalf.

REGISTRAR AND SCHOOL INSPECTOR

Applications for the dual position of Registrar and School Inspector will be received by the undersigned before April 11, 1936. State qualifications, salary, etc.

EDITH AMAS, *President*,
Saskatchewan Registered Nurses Association,
Saskatoon City Hospital, Saskatoon, Sask.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

Membership

The membership in the Canadian Nurses Association for each year is estimated on the total membership of the nine Provincial Registered Nurses Associations for the preceding year. These latter organizations report membership to the national organization during the month of January. The Canadian Nurses Association has now reached 11,497 members — an increase of 409 members above that for the previous year. Six provincial associations show an increase, with the Registered Nurses Association of Nova Scotia leading with 18.5 per cent increase. Only slight decreases are evident in provinces in which membership has fallen off.

In 1930 the by-laws of the Canadian Nurses Association were amended whereby the membership of the Association should consist of a federation of the nine Provincial Associations of Registered Nurses in Canada. The first five-year period since the enforcement of that "membership clause" terminated with the closing of the records for 1935. During that period there was an increase in membership amounting to 3,574. From available information, it is estimated that for the past five years the average total annual number of nurses graduating from approved schools of nursing in Canada is 3,000. It is taken for granted that each nurse, as she receives her diploma of nursing, makes an effort to obtain the status of a registered nurse in the province in which she resides. If this surmise is correct it is apparent that there are many who do not continue to maintain that desirable status otherwise the total membership of the nine provincial associations would show greater annual increases.

Health Statistics

Early in January there was received at National Office from the executive secretary of the International Council of Nurses a number of questionnaires on the health of student and graduate nurses addressed to various schools of nursing in Canada. The Canadian Nurses Association was asked to forward the questionnaires with a covering letter of explanation to superintendents of nurses to whom the questionnaires were addressed.

Following the 1933 Congress of the International Council of Nurses, a special committee on health statistics was appointed. Over a year ago that committee distributed a questionnaire relating to the health of student and graduate nurses of schools of nursing in countries whose national nursing organization held international affiliation. The committee was not satisfied with the response to that questionnaire. In an effort to obtain more gratifying results, the second questionnaire has been sent for distribution by the national organization which becomes responsible for the return of all completed forms to headquarters of the International Council of Nurses.

Reference to the questionnaire is made in these columns in order to express thanks to those superintendents who promptly returned the completed questionnaire to the National Office and to request that unreturned forms be completed and forwarded to the National Office by those who have not done so.

Conventions

Preceding the General Meeting of the Canadian Nurses Association, which is to be held in Vancouver from June 29 to July 4, 1936, a number of other national organizations will meet. The annual convention of the Canadian Tuberculosis Association is scheduled for June 22 to 24 in Vancouver. In the same city, from June 24 to 26, a convention of the Canadian Public Health Association will be

held, in conjunction with which the American Public Health Association (Western Branch) will meet. On June 24 these three organizations will hold joint sessions. A final session and entertainment will take place in Victoria on June 27, two days prior to the opening of our General Meeting.

Book Reviews

INTRODUCTORY SOCIOLOGY, by Daniel H. Kulp, A.B., A.M., Ph.D., formerly associate professor of education, Teachers College, Columbia University; sometime director of the Industrial Hospital of the Yangtsepoo Social Centre, Shanghai, China. 272 pages and index. Published by The Macmillan Company of Canada, St. Martin's House, 70 Bond Street, Toronto 2, Ontario. 1936. Price, $2.50.

This book aims to provide analytical and explanatory descriptions of nursing performance, situations and problems which confront the nurse in her dealings with people. Its object is, therefore, to help the nurse first, to understand herself, her colleagues and patients as human beings; second, to render a superior professional service; and third, to recognize the need of further growth through constant and continuous study of these problems. Dr. Kulp has had considerable experience in teaching graduate nurses, drawn from all phases of professional activity, and has therefore had an excellent opportunity of seeing just where our present curriculum fails to provide for elementary instruction in the principles of sociology. He perceives the conditions which now render it difficult to arrange for such instruction: the overcrowded curriculum and the lack of capable teachers. In fact he goes deeper and traces the overcrowding of the curriculum to the demand for service from the students. Dr. Kulp points the way to reform in these words: "During training the main objective should be learning, not service; under such a test a number of changes in courses and content will be made that will relieve the heavy curriculum now extant." A general idea of the content of the book can be gleaned from the headings of some of the principal chapters: nursing in the American scene; personality; social forces; attitudes and thinking; development of a life purpose; social interactions; antagonisms and cooperations; behaviour; groups and organizations; control for adequacy. At the conclusion of each chapter an excellent list of reference reading is provided together with a list of queries relating directly to actual nursing situations. In addition, exercises are outlined which are genuinely stimulating and could be undertaken to advantage even by advanced students. The book is clearly printed, moderate in price, and not too heavy or bulky. It is highly recommended both as a textbook and for reference purposes.

GROVES & BRICKDALE'S TEXT-BOOK FOR NURSES: Anatomy, Physiology, Surgery and Medicine, by E. W. Hey Groves, M.D., B.Sc., M.S., F.R.C.S., and the Medical Section, revised by J. A. Nixon, C.M.G., M.D. (Cantab), F.R.C.P. (Lond.); fifth edition, 1936; 671 pages, 238 illustrations; price, $6.00. Published by the London Oxford University Press. Canadian agents: McAinsh & Co., Limited, Toronto.

As a general rule, text-books on nursing written and published in England do not altogether meet the needs of Canadian nurses. Because the whole educational approach is so different, many books which are excellent in themselves somehow fail to give us the help we require. The book under review is, however, a notable exception in that it conveniently combines, in a single volume, an excellent résumé of elementary anatomy and physiology which serves as an introduction to the succeeding chapters which deal with the principles underlying the medical and surgical treatment which the nurse assists in carrying out. The authors have wisely refrained from dealing with the technical details of nursing handicraft. The sections on surgery and medicine deal clearly and concisely with the outstanding characteristics of many types of illness or injury. Brief but lucid descriptions are given of operative procedures and the possible complications to be guarded against are admirably summarized. There is a good chapter on poisons and antidotes, but the chapter dealing with nutrition and dietetics is hardly adequate. While this book is relatively expensive, it is well worth the money.

OBITUARY

HARDINGE—The death occurred on January 1, 1936, of Emma Hester Hardinge, a graduate of the School of Nursing of the Montreal General Hospial and a member of the class of 1893. More extended reference to Miss Hardinge's professional career will be made in a subsequent issue of the *Journal*.

LEIGHTON—On December 22, 1935, while on duty at the Vernon Jubilee Hospital, Vernon, B.C., Miss Minnie E. Leighton. Miss Leighton was a graduate of the School of Nursing of the Vancouver General Hospital and for several years served on the staff of the hospital at Anyox, and for two years at the North Vancouver General Hospital.

MACDONALD—Miss Stella Katharine MacDonald, Antigonish, a graduate of the School of Nursing of St. Martha's Hospital, Antigonish, N.S., class of 1929, passed away at her home, in January, 1936, after a long illness.

ROCHE—On December 29, 1935, Miss Ada Florence H. W. Roche. Miss Roche, who was a graduate of the London Hospital, Whitechapel, London, had resided in British Columbia for the past twenty-seven years.

ROWANTREE—The death occurred in San Diego, California, on January 29, 1936, of Mrs. George Rowantree, formerly Fanny May Mellish, a graduate of the School of Nursing of the Toronto Western Hospital.

THOMPSON—In December, 1935, following a long illness, the death occurred of Miss Beulah Irene Thompson. She was a graduate of the School of Nursing of the Vancouver General Hospital and was a member of the class of 1928.

WILLIAMS—The death occurred recently of Mrs. Olive Mitchell Williams, a graduate of the School of Nursing of the Montreal General Hospital and a member of the class of 1925.

WILSON—At Vernon, B.C., after a long illness, Miss Anne Townshend Wilson, a graduate of Addenbrooks Hospital, Cambridge, England. She had been a resident of British Columbia since 1908 and served overseas during the Great War.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

EDMONTON: The annual meeting of the Edmonton Graduate Nurses Association was held recently and from the reports given, every member present realized that the past year has been a successful one for the association. Miss M. Turner reported that the benefit and loan fund has been satisfactorily used by a number of nurses during the past two years. The guest speaker was Miss J. Montgomery, librarian of the University of Alberta, who gave a most interesting and thought-inspiring address on "The use of books in hospitals." Election of officers took place as follows: President, Miss Blanch Emerson; first vice-president, Miss M. McDonald; second vice-president, Miss M. Griffiths; secretary, Miss E. Murray, Royal Alexandra Hospital, Edmonton; treasurer, Mrs. E. World; registrar, Miss A. L. Sproule, 11138-Whyte Avenue, Edmonton.

BRITISH COLUMBIA

MARRIED: On December 7, 1935, Miss Ora Jean McLeod (Hospital for Sick Children, Toronto) to Mr. Eugene Johan Doll.

MARRIED: In December, 1935, Miss Ella Elizabeth Dale (Pembroke Hospital, Pembroke, Ont.) to Mr. Lyman Roy Crosby.

MARRIED: On December 26, 1935, Miss Emily Johnston Hogarth (Vancouver General Hospital) to Mr. Joseph Nicholson Kneen.

MARRIED: On December 21, 1935, Miss Evelyn Walton Duckworth (V.G.H.) to Mr. Archibald Mills Walker.

MARRIED: On December 21, 1935, Miss Margaret Elizabeth Nicholls (V.G.H.) to Mr. Walter Eric North.

MANITOBA

BRANDON: The downtown section of the Brandon Graduate Nurses Association held their February meeting at the home of Miss J. Fatheringham. Miss M. Higgens gave a report of the annual meeting of the Provincial Association recently held in Winnipeg. Mrs. A. Smith gave an interesting talk on John Buchan as a writer and reviewed six of his books.

NEW BRUNSWICK

ST. STEPHEN: The regular meeting of the local chapter of the R.N.A.N.B. was held at the home of Miss Mabel McMullen, who presided; eighteen members attended. Miss G. A. K. Moffat was appointed, with Miss F. M. Cunningham, to *The Canadian Nurse* committee in the drive for increased circulation, and the Chapter also subscribed for the student nurses of the Chipman Memorial Hospital.

ST. STEPHEN: The January meeting of the alumnae association of the Chipman Memorial Hospital was well attended. Considerable business was transacted and a social hour followed. Those who attended the party at the rectory, Oak Bay, report a delightful evening, when nurses and other friends were the guests of Rev. Victor M. and Mrs. Regan. Mrs. Regan was presented with a silver flower bowl. Miss Viola Thurber is taking a post-graduate course at the Children's Memorial Hospital, Montreal.

WOODSTOCK: The regular meeting of the Alumnae Association was held on January 21 with the president, Mrs. Frank Hanson, in the chair. Letters of appreciation were read from the members who were ill at Christmastime and to whom flowers were sent. Ten dollars was voted towards the Nightingale Memorial Fund.

NOVA SCOTIA

ANTIGONISH: Miss Pauline Publicover, of Halifax, and a graduate of the Halifax Children's Hospital, has been appointed to a position on the staff of St. Martha's Hospital, Antigonish.

MARRIED: On January 14, 1936, Miss Betty MacEachern (St. Martha's, 1926) to Dr. James Carroll.

HALIFAX: Miss Jean E. Browne, national director of Junior Red Cross, was recently a visitor to Halifax. Arriving on February 1, Miss Browne addressed the members of Halifax Kiwanis Club at a luncheon meeting, and later met with the Halifax teachers, the Red Cross Council and the Provincial Junior Red Cross Committee. On February 3, Miss Browne gave two radio talks, the first to the children of the province, and the second to the adults, in both of which she outlined the important work being done by Red Cross in all lands, and particularly in our own country.

HALIFAX: The Halifax Branch of the R.N.A.N.S. held its regular meeting recently when Miss Edith Fenton reported that plans for the annual refresher course were practically completed. The lectures this year will deal with tuberculosis in its various aspects.

HALIFAX: Miss Mary Elizabeth Lyons, for many years superintendent of the Halifax Tuberculosis Hospital, was the guest of honour recently at a dinner given by the members of the staff of that hospital, on the occasion

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of Miss Lyons' resignation. She was presented with an address and a beautiful bouquet by her fellow-workers. Miss Lyons has a record of almost forty years of service in tuberculosis work in Nova Scotia, and will be greatly missed by all who knew her.

HALIFAX: The officers of the Halifax Infirmary Alumnae Association for the coming year include the following: President, Miss Foley, 95 Morris St.; vice-president, Miss Gervaise, 24 Victoria Rd.; treasurer, Miss E. Brassett, 58 Queen St.; corresponding secretary, Miss Burke, Halifax Infirmary.

MARRIED: In December, 1935, Miss Anna Rawding (V.G.H., 1931) to Mr. Mert MacLellan.

MARRIED: Recently, Miss Sally Gillespie (Halifax Infirmary, 1931) to Mr. Bruce Parsons.

KENTVILLE: The annual meeting of the Valley Branch of the R.N.A.N.S. was held recently, when Miss Annie Foster, Berwick, was elected president, with Miss Anne Slattery, Windsor, as first vice-president, and Miss Viva Bengston, Wolfville, as second vice-president. Miss Nora Dennison, Kentville, was appointed secretary-treasurer.

NEW GLASGOW: The Pictou County Branch of the R.N.A.N.S. met on January 22, when appointments of officers for the new year were made. Officers appointed are as follows: President, Miss Hilda Meikle; first vice-president, Miss Dorothy Enman; second vice-president, Miss Margaret Fraser; secretary, Miss Blanche Reid; treasurer, Miss Mabelle Grant.

ONTARIO

DISTRICTS 2 AND 3

BRANTFORD: At a recent meeting of the private duty section a most instructive lecture was given by Dr. E. R. Secord, on intestinal obstruction. On Feb. 4, the Alumnae Association of the Brantford General Hospital entertained the Florence Nightingale Association. The prizes were presented by Miss H. D. Muir, president of the Alumnae Association. Miss Edna Lewis (B.G.H., 1928) is relieving Miss Caroline Good as school nurse with the Department of Health. Miss Edna Squires, of the Provincial Department of Health, is in Brantford in connection with the work of the Canadian Dental Hygiene Council. Dr. H. S. Thomson gave a splendid outline of the aims of the council to a group of citizens representing various organizations and will return to launch a campaign for better care of the teeth.

The Brantford General Hospital School for Nurses has suffered great loss in the death of two valued members of the Board of Gov-

ernors of the hospital. Mrs. S. H. J. Reid, representing the Women's Hospital Aid, was helpful in all phases of nursing education and nursing service and Mr. H. J. Symons, a member of the Board for some twenty-five years, was also sincerely interested in the nursing profession.

BRANTFORD: MARRIED: On August 21, 1935, Miss Elizabeth M. Reain (Brantford General Hospital) to Mr. Edward G. Drewry, B.A.Sc.

WOODSTOCK: On Feb. 5, the spring meeting of Districts 2 and 3, R.N.A.O., was held in Woodstock. There was a good attendance in spite of the fact that the stormy weather and icy roads made it impossible for many to travel. There were representatives present from Brantford, Guelph, Kitchener, Galt and Woodstock. Miss H. L. Potts was in the chair. The meeting was opened by a two-minute silence in memory of the late King, followed by the singing of the National Anthem. A most interesting address was given by Dr. D. M. Sutherland on current world changes, touching briefly on the socialization of medicine, Britain and the Navy, the League of Nations, conditions in Italy and Ethiopia, and in the Orient. Dr. Weston Krupp gave an address on Mexico, followed by excellent moving pictures. Musical selections were given by Miss K. McGachie, Mrs. L. McLean and Master Harry Smith.

DISTRICT 5

TORONTO GENERAL HOSPITAL: In respect to our late Sovereign, King George V, the annual meeting of the Alumnae Association of the Toronto General Hospital which was to have been held on January 22 has been postponed until further notice. The second number of *The Quarterly*, published by the alumnae association, has been sent to all members; the editor, Miss Mary Fidler, and her staff have wrought wonders in a very short time. They will be pleased to receive items of interest from any of our members. The Christmas concert, under the direction of Miss Mary Macfarland, was much enjoyed; the choir and their leader gave up a great deal of time in order to give us such fine music; they had the honour of singing at the Hospital for Sick Children during the festive season. The annual Christmas dance was not held until the middle of January; it was well attended and everyone seemed to have an extremely good time.

Miss Esther Strachan, Toronto General Hospital, would be glad to forward renewal subscriptions for *The Canadian Nurse*. This

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TORONTO WESTERN HOSPITAL: MARRIED: On November 9, 1935, Miss Edith Maude Lord (Grace Hospital, 1927) to Mr. Leslie L. W. Ashcroft.

MARRIED: On January 8, 1936, Miss Mary Hazel Morrow (Grace Hospital, 1925) to Mr. Leonard James Huston.

MARRIED: On August 31, 1935, Miss Mabel Wilda Green (Grace Hospital, 1931) to Mr. Andrew Rose.

MARRIED: On August 2, 1935, Miss Dorothy Mary Streb (Grace Hospital, 1927) to Mr. Harry L. Hurling.

MARRIED: On July 20, 1935, Miss Veneda Elizabeth Widmeyer (Grace Hospital, 1933) to Mr. Thomas Murtha.

MARRIED: On June 3, 1935, Miss Helen Kathleen Murphy (Grace Hospital, 1929) to Mr. J. A. Gordon McLean.

TORONTO WESTERN HOSPITAL: A successful bridge party was held recently by the Alumnae Association.

MARRIED: Recently, Miss Mary Pearl Shore (T.W.H., 1933) to Mr. Wallace George Read.

TORONTO: Mr. J. H. Craig gave an interesting address on "Housing, a means to employment," at a recent dinner meeting of the Community Health Association of Greater Toronto. Mr. Craig's treatment of the subject was unusual and provocative of new lines of thought and it was unfortunate that the attendance was not larger. During February the association arranged the following course of lectures which have been open to non-members: Dr. J. H. Elliot: "Pneumonia and associated conditions"; Dr. Angus McKay: "Diabetes"; Dr. F. S. Tisdall: "Chorea and diseases of the thymus gland." On March 10, Dr. H. B. VanWyck will give an address on obstetrics.

TORONTO: WELLESLEY HOSPITAL: The alumnae association has held several meetings during the past year and been fortunate in hearing interesting lectures. Dr. J. W. Rush spoke on "The wild flowers of Ontario," Dr. W. Dafoe gave a most interesting lecture on "The Dionne Quintuplets" and showed moving pictures of the famous babies, and Dr. R. J. MacMillan gave a lecture illustrated with moving pictures on his trip to Alaska. Miss Bessie Allan (W.H., 1930) has been appointed assistant supervisor at the Toronto East General Hospital. Miss E. McAlpine (W.H., 1935) has been appointed supervisor of the obstetrical floor at the Wellesley Hospital. The officers of the association for the coming year are as follows: Honorary president, Miss Ross; president, Miss Louise Richards; first vice-president, Miss E. McAlpine; second vice-president, Miss Violet McKelvey; corresponding secretary, Miss C. Tavener, 76 Northumberland Street; recording secretary, Miss M. Kilgour; treasurer, Miss A. Forrester, 415 Walmer Road; representative to *The Canadian Nurse*, Miss Edith Cowan, 42 Maitland Street.

MARRIED: On December 28, 1935, Miss Alice Brown (W.H., 1922) to Mr. Douglas Guy.

MARRIED: On January 14, 1936, Miss Gladys Robertson (W.H., 1933) to Dr. Eric C. Apps.

MARRIED: Recently, Miss Florence Ballantyne (W.H., 1932) to Mr. Percy Maxwell.

MARRIED: Recently, Miss Mona La Gallias (W.H., 1934) to Dr. French.

MARRIED: On December 25, 1935, Miss Josephine Harrison (W.H., 1935) to Mr. W. Mills.

MARRIED: Recently, Miss Mary Hutchinson (W.H., 1935) to Mr. Fletcher Pyper.

DISTRICT 6

BELLEVILLE: A meeting of the Belleville Chapter of District 6 R.N.A.O. was held re-

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cently when Dr. Doyle of the mental health clinic, Kingston, gave a most interesting talk, his subject being "Mental health." Letters have been received from Miss Vera Ray (B. G.H., 1931), who is at present a missionary nurse in Minna, Nigeria, West Africa.

DISTRICT 6

PETERBOROUGH: In December, the Nicholls Hospital Alumnae Association held their annual dinner which was attended by about fifty-five guests, representing the membership and friends of the association. Miss Alma Dobbin, the president, welcomed the guests and Miss Dorothy Henry, B.A., guest speaker of the evening, chose the immortal poem: "Pippa Passes," which she rendered very expressively.

PETERBOROUGH: The annual meeting of Chapter C., District 6, R.N.A.O., was held recently at St. Joseph's Hospital, with Mrs. LaPlante presiding. The officers elected were: Chairman, Mrs. LaPlante, vice-chairman, Miss Helen Anderson; secretary-treasurer, Miss Alice Price; convener of nursing education committee: Miss Walsh; membership committee, Misses Anderson and Lauder; programme committee, Misses Stewart and Young; nominating committee, Misses Lauder and Wager; convener of private duty committee, Mrs. Hickey; convener of social committee, Mrs. Breckenridge; convener of publications committee, Miss S. Armstrong. The secretary gave a report on the Chapter's activities during the year, and Miss Anderson spoke briefly on "nursing housekeepers," a topic which has been much discussed at conventions. A vote of thanks, moved by Mrs. Leeson and seconded by Sister Gonzoga, to the retiring officers of the Chapter brought the meeting to a close.

DISTRICT 7

KINGSTON: At the recent annual meeting of the Alumnae Association of the Kingston General Hospital the following officers were elected for the year: Honorary president, Miss L. Acton; president, Miss A. Baillie; first vice-president, Miss Emma Sharpe; second vice-president, Miss E. Duncan; secretary, Miss Mary Bird; treasurer, Mrs. Malloy; press representative, Miss A. B. Graham, Kingston General Hospital; convener of sick committee, Mrs. S. Smith; convener of private duty section, Miss H. Gates; convener of entertainment committee, Miss I. Simpson.

Miss Edria Rathbun (K.G.H., 1934) is spending the winter at Vero Beach, Florida. Miss Dorothy French (K.G.H., 1935) has accompanied a patient to Palm Beach.

MARRIED: On January 2, 1936, Miss Josephine Dobbin (K.G.H., 1931) to Mr. Geo. Daly.

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MARRIED: On September 24, 1935, Miss V. Houslow (K.G.H., 1933) to Mr. D. R. Chatreau.

MARRIED: In April, 1935, Miss Ora Vincent (K.G.H., 1933) to Mr. Charles Craig.

MARRIED: On August 10, 1935, Miss Marjorie E. Graham (K.G.H., 1932) to Mr. Jack M. Reid.

MARRIED: On October 16, 1935, Miss Jean Asselstine (K.G.H., 1934) to Mr. Orville Shea.

MARRIED: On September 7, 1935, Miss Ada Dickenson (K.G.H., 1934) to Mr. Red Bush.

MARRIED: On December 21, 1935, Miss L. Buck (K.G.H., 1931) to Mr. C. Poyner.

MARRIED: On January 1, 1936, Miss Edith Box (K.G.H., 1935) to Dr. Hudson Leavens.

MARRIED: On December 8, 1935, Miss M. McColl (K.G.H., 1935) to Mr. J. A. Consul.

SMITHS FALLS: At the annual meeting of the Alumnae Association of the Smiths Falls Memorial Hospital, the following officers were elected for the year 1936: Honorary presidents, Miss Bliss, Miss Clarke; president, Miss A. B. Church; first vice-president, Miss Mary Foster; second vice-president, Miss B. Klyne; secretary, Miss Isabel McLeod; treasurer, Miss Helen Durant; press representative, Miss Donalda Gilmour; Local Council representative, Miss Condie, Mrs. Farrell.

DISTRICT 8

OTTAWA GENERAL HOSPITAL: At the regular annual meeting of the alumnae association of the Ottawa General Hospital, Miss Gladys Clarke was re-elected president for a second term. Reports of the year's work were presented by Miss Hazel Brennan, secretary-treasurer: Miss Fernande Poitras, membership secretary, and Miss Juliette Robert, convener of the sick visiting committee. The following executive members were elected: Honorary president, Rev. Sister Mary Alban; president, Miss Gladys Clarke; first vice-president, Miss Margaret Munroe; second vice-president, Miss Mary Larose; secretary-treasurer, Miss Hazel Brennan; membership secretary, Miss Irene Rogers; representative to *The Canadian Nurse*, Miss Bernadette Legris; representative to the central registry, Miss Margaret Donnelly; sick visiting committee, Miss Juliette Robert, Miss S. Kearns, Miss P. Bissonnette, Miss B. Legris and six councillors, Rev. Sister Flavie Domitille, Miss F. Nevins, Miss E. Desormeaux, Miss K. Bailey, Miss J. Robert and Miss I. McElroy.

QUEBEC

MONTREAL GENERAL HOSPITAL: Christmas greetings were received from Miss Isabel McConnell (M.G.H., 1925) and Miss Bessie MacMurchy (M.G.H., 1931), who are doing medical missionary work in Jobat, India; also from Sister Miriam Gray (M.G.H., 1918) of the Queen Alexandra Imperial Nursing Service, who is doing military nursing in the British Military Hospital at Moascar, Ismailia, Egypt.

MARRIED: Recently, Miss Margaret F. Imrie(M.G.H., 1929) to Mr. Merwyn Slencer Lathrop.

MARRIED: On November 30, 1935, Miss Helen Margaret Clarke (M.G.H., 1928) to Mr. Donald Neill McCormack.

MARRIED: On December 20, 1935, Miss Catherine Willard Mills (M.G.H., 1928) to Mr. Archibald Alfred McCormick.

MARRIED: On January 1, 1936, Miss Ruth L. Porter (M.G.H., 1934) to the Rev. Austin MacPherson.

QUEBEC: The superintendent and nursing staff of Jeffery Hale's Hospital were at home to all graduate nurses on New Year's Day. The reception was well attended by "outside" as well as local graduates. Miss Lunam received with Miss Armour, and the tea table was presided over by Mrs. K. O. Baptist and Mrs. Dr. McKinnon, the Misses E. Leith and Daisy Jackson assisting in serving. Miss I. Gourley (J.H.H., 1934) has recently completed a postgraduate course in operating-room work at the Royal Victoria Hospital and the Children's Memorial Hospital, Montreal. Mrs. W. M. Pfeiffer (G. Martin, J.H.H., 1926) has gone to Clark City, where Dr. Pfeiffer, who was a member of J.H.H. medical staff, has accepted a position. Miss Armour recently attended the meeting of the A.R.N. P.Q. held in Montreal. Miss Enid Richardson (J.H.H., 1927) of the staff of the Joyce Mem-

orial Hospital, is convalescing at her home in Nova Scotia. Miss Muriel Fischer (J.H.H., 1919) has been appointed school nurse for the Protestant schools in the city of Quebec.

MARRIED: On February 1, 1936, Miss Ethel M. Dinan (J.H.H., 1930) to Mr. Gordon J. Treggett.

SASKATCHEWAN

REGINA: A refresher course under the auspices of the nursing education section of the Saskatchewan Registered Nurses Association was held recently at the Regina General Hospital and the Grey Nuns' Hospital. In spite of a raging blizzard, eighty-eight nurses registered on the first day and this number was increased to ninety-six before the end of the third. Recent innovations in the treatment of certain diseases were dealt with in lectures and demonstrations. Throughout the course keen interest and appreciation was shown. A tea and luncheon supplied the social element in completing a most successful project. A similar course was held in Saskatoon during February.

GENEROUS BEQUEST

The Oshawa General Hospital will receive more than $100,000 to be used for the erection of a children's wing, according to the will of the late Mrs. Albert Sykes, formerly of Oshawa. A provision of the will is that a tablet be set in the new wing of the hospital, with an inscription dedicating it as the J. Albert Sykes and Josephine Sykes wing. Mrs. Sykes, widow of the late Albert Sykes, died in Toronto, November 27, 1935.

A CORRECTION

In the February issue of the *Journal* (p. 85) a news item appeared which read as follows: "Results of the fall examinations for registration in Nova Scotia were recently published and out of a total of fifty-six, forty-seven were successful. First place was won by Mrs. Grace Burton, of Springhill, a graduate of All Saints Hospital." Mrs. Burton asks us to correct this statement and points out that she is a graduate of Highland View Hospital, Amherst, N.S. While the *Journal* regrets this error it can take no responsibility for it since the item was sent in from an official source and was therefore assumed to be authoritative.

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OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTON: The annual report of the Edmonton Overseas Nursing Sisters Club was presented at the January meeting held at the home of the president, Mrs. Harold Orr. The secretary, Mrs. G. G. Stewart, read a summary of the year's activities. Ten meetings were held with an average attendance of eighteen. Correspondence of considerable variety — colorful and otherwise — was dealt with. An initial contribution of $110 was donated to the local cenotaph fund, with a further canvass in progress. Christmas boxes were sent to five out-of-town families and a second donation of ten dollars to the Nightingale Memorial Foundation. The following four members received the "Jubilee Medals": Miss Jessie Chinneck, Miss Fannie Munroe, R.R.C.; Mrs. Byron Morrison and Miss Wortherston. Among the items of local interest were the visits of Mrs. Sydney Lambert, R.R.C., and Miss P. Courtis. The officers elected for 1936 are: President, Mrs. C. E. McMannus; vice-president, Mrs. H. Orr; secretary, Mrs. G. G. Stewart; treasurer, Mrs. J. R. Ross; executive committee, Mrs. R. F. Nicholls, Mrs. Morrison.

LONDON: The tenth annual meeting of the London Unit of the O.N.S.A. was held recently at the Victoria Hospital, with Miss Hilda Stuart, superintendent of nurses, as hostess. The officers for 1936 are as follows: President, Miss Della Birrell; vice-president, Mrs. J. A. Campbell; secretary, Miss Josephine Little; treasurer, Miss Bertha Smith; members of executive committee, Mrs. W. Mara, Miss A. Parrish, Miss H. Stuart, Miss A. Bodkin, Miss H. Bapty. The London unit has thirty-six paid-up members.

TORONTO UNIT: The annual meeting of the Toronto Unit of the Overseas Nursing Sisters Association was held on February 7, at the Christie Street Hospital. The meeting, previously arranged for January 24, was postponed owing to the death of His late Majesty. A large group of members attended the memorial service at St. Paul's, arranged by the Toronto Council of the Canadian Corps Association. Miss Laura Gamble, retiring president, presided at the meeting, when a review of the year's activities was presented by the various committees. The recent presentation of an electric clock to the Women's College Hospital in memory of the nurses who made the supreme sacrifice during the war was among many items of interest.

At the request of the Unit executive, Col. George Philp, a representative of the Canadian Corps Association, presented the aims of this recently organized group and outlined the activities of its several committees. The association, which is an outcome of the monster Corps re-union held in Toronto in 1934, has taken as its slogan "Rejoin your unit," and has a vision of 200,000 members through unit affiliation. The following officers for 1936 were elected: President, Mrs. S. Driver; vice-president, Mrs. O. Duncan; secretaries, Miss A. Campbell and Miss M. McNaughton; executive, Mesdames T. James, F. Lambert, Mills and Jamieson, Misses G. Colborne, D. Mowry, Galbraith, Ross, McEwan and Drysdale.

THE ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

(Incorporated 1920)

The Spring examinations for the Registration of Nurses in the Province of Quebec will be held in Montreal and elsewhere on April 27th, 28th and 29th, 1936.

Application forms and all other information relating thereto may be secured from the Registrar. Applications must be in the office of the Association by March 31st, 1936. **NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.**

Results of examinations will be published on or about June 5th, 1936.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held April 22nd, 23rd, and 24th, 1936.

Names of candidates for this examination must be in the office of the Registrar not later than March 23rd, 1936.

Full particulars may be obtained from:

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The St. Matthew's Lutheran Church of Kitchener, Ontario, recently sponsored an "amateur radio broadcast," the proceeds of which are being used to furnish the children's ward in the new wing of the Kitchener-Waterloo Hospital. Miss Magdalene Wilkinson and Miss Dorothy Meldorf, two of the pupil nurses, took part in the broadcast and chose this opportunity of presenting "*The Canadian Nurse*." Four of the "Off Duty" pages were read, with the permission of the author. The selections chosen were "Night Duty," "Conversation on the bus," "Valuables in the office safe," and "Nurses in the movies." Needless to say the microphone was not connected with any "hook-up" whatsoever and the "radio audience" was confined to those who were present in person.

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E. J.

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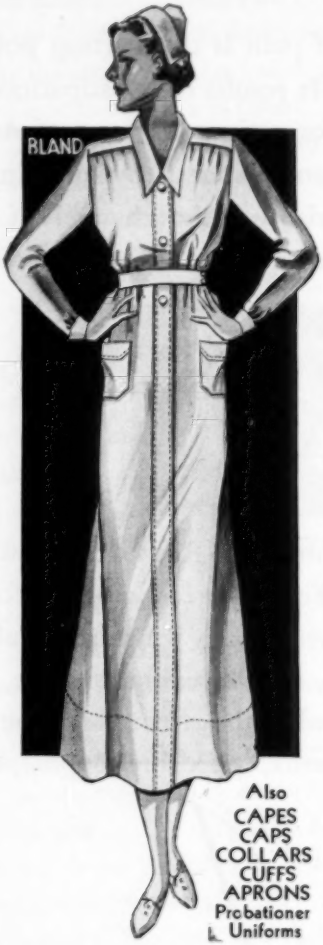

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; *Councillors:* Mrs. M. A. Young, General Hospital, Moose Jaw, Miss Ruth Morrison, 4 Carlton Apts., Prince Albert; *Conveners of Standing Committees: Nursing Education*, Miss Annie F. Lawrie, General Hospital, Regina; *Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; *Legislation*, Miss Edith Amas, City Hospital, Saskatoon: Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113 25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital, Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

President, Mrs. J. Keohane; First Vice-President, Mrs. G. Crockford; Second Vice-President, Miss M. Reid; Secretary, Miss V. Crandall, Medicine Hat General Hospital; Treasurer, Miss F. Smith; *Committee Conveners: Membership*, Miss C. Walker; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. C. Pickering; to *The Canadian Nurse*, Miss M. Hagerman.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. E. Wart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Kirkness; Secretary, Miss M. King, 514 Ellice St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road; *Executive Committee*, Misses T. Locke, E. McDonald, E. Cameron, D. Frampton, Mrs. E. B. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*, Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec., Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

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A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice-President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*, Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss E. Rossiter; First Vice-Pres. Miss M. Mirfield; Second Vice-Pres., Miss E. Rose; Secretary, Miss M. Dickson, 3770 Craigmiller Ave.; Assist. Sec., Miss D. Hargreaves; Treasurer, Mrs. A. Dowell; *Committees: Social*, Mrs. J. H. Russell; *Visiting*, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Alice McAuley; First Vice-President, Miss Elsie Fraser; Secretary, Miss W. M. Barratt, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Conveners: Visiting*, Miss Ditchfield; *Entertainment*, Mrs. Geo Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Crosby; President, Miss Mehan, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss M. Madill; Second Vice-President, Miss J. Williamson; Secretary, Miss D. Burrell, 421 Banning St., Winnipeg; Treasurer, Miss W. Grice, 97 Balmoral Place, Winnipeg; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss Margason; *Representatives:* to *Local Council of Women*, Mrs. Emmett Dwyer; Mrs. Chas. Sharkey; *Press Representative*, Miss Parkhill.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*, Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

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eral Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. J. Pollexfen, 954 Palmerston Ave.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Miss E. J. Mitchell; President, Mrs. G. L. Dunlop; First Vice-President, Mrs. F. McKelvey; Second Vice-President, Miss S. Hartley; Secretary, Miss C. Gleeson; Treasurer, Miss K. A. Holt; *Executive Committee:* Miss M. Murdoch, Miss Henderson, Mrs. J. H. Vaughan, Mrs. J. E. Beyea.

A.A., L. P. Fisher Memorial Hospital, Woodstock

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A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners: Visiting*, Miss A. Beaton; *Finance*, Miss L. Turner; *The Canadian Nurse*, Miss C. MacKinnon.

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A.A., Brantford General Hospital, Brantford

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A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; *Representative* to *The Canadian Nurse*, Miss V. Kendrick.

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A.A., St. Joseph's Hospital, Chatham

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A.A., Cornwall General Hospital, Cornwall

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A.A., Kingston General Hospital, Kingston

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A.A., Lady Stanley Institute (Incorporated 1918), Ottawa

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A.A., Ottawa Civic Hospital, Ottawa

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A.A., Ottawa General Hospital, Ottawa

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A.A., St. Luke's Hospital, Ottawa

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A.A., Chambers Memorial Hospital, Smiths Falls

Hon. President, Miss M. F. Bliss; President, Miss Lila Leeson; Vice-President, Mrs Gordon Marsh; Secretary-Treasurer, Miss Grace Gore, Smiths Falls Public Hospital; *Committee Conveners: Social,* Mrs. Helen Johnstone, Mrs. Marsh, Mrs. Kilfoyle; *Flower,* Mrs. E. Phillips.

A.A., Stratford General Hospital, Stratford

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A.A., Memorial Hospital, St. Thomas

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A.A., Grace Division, Toronto Western Hospital Toronto

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A.A., Riverdale Hospital, Toronto

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A.A., St. John's Hospital, Toronto

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A.A., St. Joseph's Hospital, Toronto

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